

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 161  
Registered No. 162

1. PLACE OF BIRTH

County Maricopa State Arizona  
District or Township Phoenix or Village Wheatfields  
City Phoenix No.        St.        Ward       

2. Full name of child

Loris Carmella Jennings

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

M

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

Yes

7. Date

April 26, 28  
Month Day Year

5. No., in order of birth

8.

Full name

Lewis E. Jennings

FATHER

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Wheatfield  
Ariz.

10. Color or race

White

11. Age at last birthday

40

(Years)

12. Birthplace (city or place)

(State or country)

Boyd  
Texas

13. Occupation

Nature of industry

Mechanic  
auto

14.

MOTHER

Full maiden name

Carrie Jewell

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Wheatfield  
Ariz.

16. Color or race

White

17. Age at last birthday

40

(Years)

18. Birthplace (city or place)

(State or country)

Owenville  
Texas

19. Occupation

Nature of industry

A. W.

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

5

(b) Born alive but now dead

2

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12 M m. on the date above stated

(Born alive or stillborn.)

Signature

Charles E. Smith M.D.

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Filed

Apr 30, 28 C. E. Smith

Registrar

Registrar

412-426-330